

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027428

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1637

STATE FILE NUMBER

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Missouri		c. CITY OR TOWN Puxico,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Arthur James Hickman		4. DATE OF DEATH July 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-7-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Jefferson M. Hickman		13b. MOTHER'S MAIDEN NAME Bulda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 11	
11. BIRTHPLACE (City and state or country) Puxico, Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
14. NAME OF HUSBAND OR WIFE Dora Hickman		17. INFORMANT Dora Hickman Puxico, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Intarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. forming 2-try disease DUE TO (b) Severe DUE TO (c) Anger		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Puxico, Missouri	
21. I attended the deceased from 7-1-63, 9:00 A.M. to 12:35 P.M. and last saw him alive on 7-1-63 Death occurred at 12:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. [Signature] (Degree or title)		22b. ADDRESS 330 North Second Street Poplar Bluff, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-4-63	
23c. NAME OF CEMETERY OR CREMATORY Duck Creek		23d. LOCATION (City, town, or county) Puxico, Missouri (State)	
24. FUNERAL DIRECTOR Morgan Funeral Home Puxico, Mo		25. DATE RECD. BY LOCAL REG. 7/12/1963	
		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0128
2 1030
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5 1
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9 420.1
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12 3-0
13 1-0

JUL 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm H. Morgan

Licensed Embalmer No.

4640

P. O. Address

Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.